CLAIMS

1.   A method for grouping patients comprising the steps of:

     1)   analyzing the patient and reaching an evaluation in each of several scales;

     2)   grouping an analyzed patient into one of several groups based upon an evaluation of the rankings in the scales, and utilizing a hierarchy for the scales to perform the grouping.

2.   A method as set forth in Claim 1, wherein the grouping of step 2 occurs by evaluating the rankings in a fashion such that if a particular scale is associated with a particularly severe ranking, then a grouping is made based upon the severe ranking.

3.   A method as set forth in Claim 2, wherein a scale related to the ability to think is utilized as the first scale to be evaluated, and if substantial problems are determined with regard to the thinking scale, then the patient is categorized with a group associated with thinking problems.

4.   A method as set forth in Claim 3, wherein results of the thinking scale are not high, the next scale evaluated is a substance use scale, and if the substance use scale has a particularly high ranking, then the patient is grouped into a substance use group.

5.   A method as set forth in Claim 1, wherein once a particular group has been identified

for a patient, questions are asked with regard to the family or home of the patient to identify a

recommended intensity of treatment.

6.   A tool for ranking patients comprising:

            a flowchart for evaluating scores in several scales, said scales at least including

a scale relating to a patient's ability to think, a patient's substance use history, and a

patient's self-harmful behavior, said flowchart applying the scales in a hierarchy, and

moving the patient into being placed in any one of a plurality of groups while moving

through said hierarchy of scales, if a particular scale is associated with a ranking

above a particular value.

7.   A tool as recited in Claim 6, wherein said flowchart is incorporated into a software

program in a computer.

8.   A tool as recited in Claim 6, wherein said flowchart is incorporated into paper form.

9.   A tool as recited in Claim 6, wherein additional questions are asked with regard to the

family or home for the particular patient, based upon the identified group, and

recommendations are made, in part, based upon the family or home of the patient.

10.   A tool as recited in Claim 6, wherein once a group has been identified, further

questions with regard to the patient's environment are asked to identify recommended care.

11.   A method of associating patients with a particular group comprising the steps of:

1)   performing a CAFAS evaluation on a patient to identify scores in at least the thinking scale, the substance use scale and the self-harmful behavior scale;

2)   evaluating the identified CAFAS scores through a flowchart that asks whether the thinking scale is above a particular value, and if said thinking scale is above said particular value grouping the patient into a thinking tier, and if the thinking scale is below a particular value, next asking whether the substance use score is above a particular value;

3)   if the substance use score is above a particular value, grouping the patient into a substance use grouping; and

4)   if the substance use score is below a particular value, next asking whether the self-harmful score is above a particular value, and grouping the patient into a self-harmful group, if the self-harmful group score is above a particular value.

12.   A method as set forth in Claim 11, wherein if a mood/emotion score is also above a particular value, grouping the patient into the self-harm group.

13.   A method as set forth in Claim 11, wherein if both self-harmful and mood/emotion are below a particular value, next evaluating the patient's community score, and if the community score is above a particular value, grouping the patient into an uncomplicated delinquent group.

14. A method as set forth in Claim 10, wherein once a particular group has been identified

for a patient, questions are asked with regard to the family or home of the patient to identify a

recommended intensity of treatment.